# STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT

## **6011 WILLIAMS RD**

### **PO BOX 732**

# **MUNNSVILLE, NY 13409**

## **STANDARD RESIDENCY AGREEMENT**

Instructions: Insert names and pertinent information where indicated. Although phrased in a plural, this affidavit is also intended for use by single parents so as to avoid multiplicity of forms. If this form is utilized by a single parent, the words "single parent" should be inserted in the space indicated by (*).		
	and (*)	being
duly sworn, depose and state: We are the parents		
an applicant(s) for admission to the Stockbridge V	alley Central School District as a non-tuition p	aying resident
student(s). We presently reside with our child(ren	) at	,
within the boundaries of the Stockbridge Valley Co	entral School District.	
In order to induce the Stockbridge Valley Central	School District to accept our child(ren) on a no	n-tuition paying
resident student basis, we duly certify that the fore	egoing address is our legal domicile or place v	where we intend
to permanently reside with our child both at the da	ate of affidavit and for the duration of his/her e	nrollment as a
student in the Stockbridge Valley Central School I	District.	
We agree, upon request of District Officials, to fur	nish such officials with written verification that	the listed
address is our permanent place of residence. Such	ch written evidence may include, but shall not	be limited to,
motor vehicle operator licenses, motor vehicle reg	sistrations, voter registration records, utility bills	s, or any other
piece of evidence tending to verify that the forego	ing address is our permanent place of residen	ce.
We agree that in event our permanent residence of	changes during the period of our child's enrolli	ment in the
Stockbridge Valley Central School District, we sha	all immediately advise District Offices as to our	new place of
residence.		
Parent Signature	Printed Name	Date
Parent Signature	Printed Name	Date

Printed Name

Date

Witness Signature